



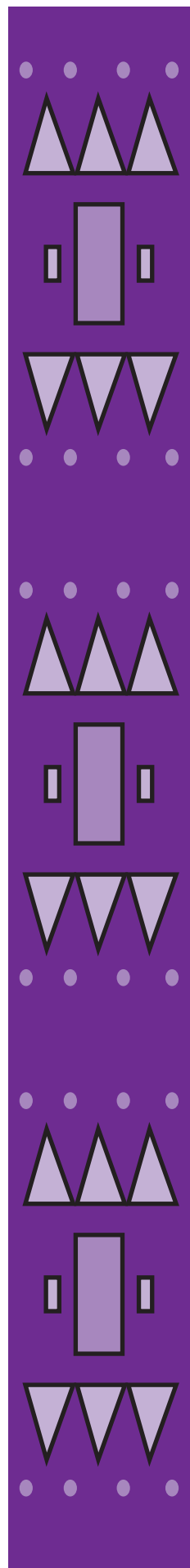
The POLICY Project

HIV/AIDS TOOLKIT

BUILDING POLITICAL COMMITMENT THROUGH BROADENING PARTICIPATION IN THE POLICY PROCESS

AUGUST 2000

The POLICY Project is a five-year project funded by the U.S. Agency for International Development under Contract No. CCP-C-00-95-0023-04 beginning September 1, 1995. It is implemented by The Futures Group International in collaboration with Research Triangle Institute (RTI) and The Centre for Development and Population Activities (CEDPA).



Building Political Commitment for Effective HIV/AIDS Policies and Programs

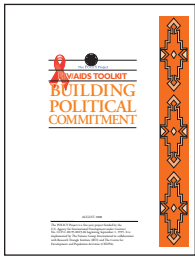
TOOLKIT OVERVIEW

The Joint United Nations Programme on HIV/AIDS (UNAIDS) recently released its *Report on the Global HIV/AIDS Epidemic, June 2000*, a state-of-the-art commentary on the status of the HIV/AIDS epidemic in the world. The statistics for sub-Saharan Africa remain grim. At the end of 1999, 34.3 million people were HIV-infected throughout the world, 24.5 million of whom were sub-Saharan Africans. About 5.4 million persons became newly infected in 1999, more than 4 million of whom were sub-Saharan Africans. The large majority of the 1.3 million children who are infected are African children.

But the UNAIDS report offered hope as well. It noted that enough world experience exists to know that it is possible to mount an effective national response to limit the spread of HIV and mitigate the effects of the epidemic. While cautioning that no universal blueprint exists, the report drew on some of the common features of effective national responses. Political will and leadership were first on the list. "Effective responses are characterized by political commitment from community leadership up to a country's highest political level," UNAIDS declared.

What is political commitment and why is it so important? Is it possible to take conscious actions to build political commitment as a key step in combating HIV/AIDS in sub-Saharan Africa? Are there blueprints or approaches that have proven to be effective? The toolkit considers these questions and offers some discussion and guidelines for activists determined to increase political commitment for effective HIV/AIDS policies and programs. Although this toolkit focuses on sub-Saharan Africa, many of the principles and approaches discussed also will be relevant to other regions of the world.

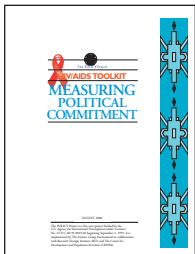
The Main Components of the Toolkit



Building Political Commitment

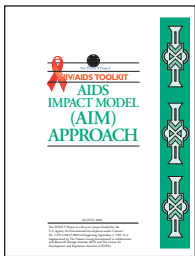
This component is the introduction to the toolkit. It discusses the nature of political commitment and why it is so important to efforts to combat the HIV/AIDS epidemic. It offers a set of questions to assist potential toolkit users in getting a quick idea whether political commitment issues are of importance in their own country.

Building political commitment for an effective national response to HIV/AIDS is as much an art as a science. This toolkit is intended to be expanded and updated as required based on feedback from users - so comments and suggestions are welcome.



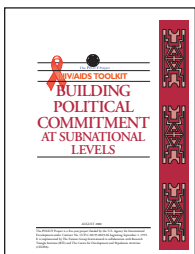
Measuring Political Commitment

One of the important values of this toolkit is that it describes ways to measure political commitment through both individual and comprehensive indicators. By using these kinds of measurement tools over time, it is possible to get a sense of whether the level of political commitment to effective HIV/AIDS responses is changing over time.



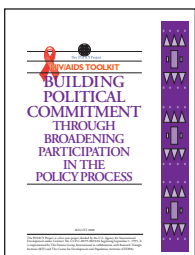
The AIDS Impact Model (AIM) Approach

The AIM approach has been one of the effective tools used to build political commitment in a number of sub-Saharan countries in recent years. This component includes discussion of the AIM approach with a step-by-step description of an AIM application. It gives examples of country use and tells how to obtain the AIM computer model and sample AIM books.



Building Political Commitment at Subnational Levels

Many countries in the region have or are in the process of decentralizing many government functions. In these countries, it is critically important that districts develop and implement strong HIV/AIDS programs. This component discusses approaches that can be used to develop political commitment at the district level.



Building Political Commitment Through Broadening Participation in the Policy Process

The more that interested actors from the government, the private sector, civil society, and the communities can be engaged in policy dialogue, planning, and evaluation, the greater the chances for an effective response to the epidemic. This component describes different approaches for enhancing the participation of all sectors.



Building Political Commitment through Broadening Participation in the Policy Process

INTRODUCTION

As our understanding of the development and societal and human impacts of HIV/AIDS has sharpened, the global fight against this epidemic has been characterized over the years by an increase in the response both by and from various sectors. Increasingly, a national response to HIV is situated within a comprehensive multisectoral strategy—one that ensures that the commitment made by all sectors and communities is strengthened and enhanced. Unlocking the purely health focus of HIV has become—for the majority of countries with explosive epidemics—a major emphasis. For it is in the tackling of the various developmental threads of HIV that a felt difference will be made. This, however, has brought in its wake the harsh realization that sectoral involvement and participation in the AIDS arena necessitates a high level of strategic planning, insight, and fortitude. All too frequently, the call toward a collective partnership and expanded response is not met with the availability and accessibility of a strong HIV/AIDS capacity-building focus—a very necessary element to act as the catalyst for increasing the involvement of all sectors. The AIDS response of key sectors, including all national government departments, developmental nongovernmental organizations (DNGOs), faith-based communities, the corporate and media worlds, and organized labor, is strengthened only through building both the internal and external capacity of these sectors to explore interactively and dynamically their connection to this epidemic. For it is in this participatory manner that they will find their niche within the context of HIV/AIDS—a niche that is unique and specific.



This toolkit component aims to ensure the following:

- Key sectoral HIV/AIDS partners have an understanding of the elements of an appropriate AIDS response.
- Successful key sectoral strategies and priority activities are highlighted.
- Action-orientated participation in the HIV/AIDS epidemic becomes sector-wide and expansive.

This toolkit component will benefit all those involved in developmental work, but it will be beneficial particularly for representatives from government departments, the corporate sector, DNGOs (i.e., those nongovernmental organizations that do not have health issues as a core business focus), faith-based communities, and trade union and media representatives.

HIV/AIDS: Exploring the Personal and Public Connections

Building strong political commitment through enhancing and strengthening a participatory multi-sectoral response to HIV/AIDS necessitates that sectoral impacts and nuances are carefully explored and understood. As each sector is unique, so too does the sectoral AIDS response need to be tailor-made and crafted. Through the provision of sector-specific, interactive, and participatory capacity-building initiatives, the HIV/AIDS response of each sector is explored. Creatively unpacking both the personal and public connections to this epidemic allows each sector the opportunity to determine their AIDS agenda and strategy. The dictates of this epidemic demand a response that is not couched in facts and graphs alone—but one that highlights the very personal connections that all members of society have with HIV. For HIV allows all sectors the renewed opportunity to refocus on issues of gender and human rights, of prejudice and discrimination, of life and the living of it. It is within this developmental context that sectoral HIV/AIDS involvement becomes meaningful. This, in turn, ensures that a national response is holistic and specific and meets the demands made on all sectors of society. It ensures that all are able to find a place on the continuum of HIV/AIDS prevention, care, and support.

This toolkit component will focus on the following six sector areas:

- National government departments
- The corporate sector
- Developmental nongovernmental organizations (DNGOs)
- Faith-based communities
- The trade union sector
- The media

A brief description of the key HIV/AIDS position of each sector will be followed by a few suggested sector responses. These responses are based on the application of various sector activities that have been implemented in countries such as South Africa, Malawi, Lesotho, Botswana, and Swaziland. A number of sector-specific lessons will complete the emphasis of this component. However, because of the very nature of a multisectoral response, where possible, activities will be cross-referenced.



Examples of Developing Workplace HIV/AIDS and STDs Policies and Programs

- ▶ The Department of Agriculture could undertake studies to ensure that there is an increase in the production of nutritional produce that communities most at risk would need.
- ▶ The Department of Sports and Recreation could develop guidelines on the inclusion of people living with HIV/AIDS within national sports teams or the effects of exercise on the immune system.
- ▶ The Department of Public Service and Administration could investigate the impact of voluntary counseling and testing centers within the public sector.

National Government Departments

The cornerstone of a sustained response to HIV rests in the political will, commitment, and action that is brought to bear on this epidemic. Increasingly, national governments across the world have awoken to the realization that the various global impacts of this epidemic will be felt for many generations to come. Representing as they do a public sector focus, government departments are responsible for setting both the national tone and creative action that is demanded by HIV—and that is hoped will be mirrored by other sectors of the broader society. As such, the participation of national government departments is central to an expanded response; it becomes the advocacy axis around which many of the HIV/AIDS policy decisions turn. National government departments are placed perfectly to become examples of HIV/AIDS excellence in action. Encouraging, promoting, and strengthening their involvement in critical HIV/AIDS activities bears witness to the strength of an expanded response.

Key Sector Responses

■ Develop a workplace HIV/AIDS and STDs policy and program.

This would necessitate the appointment of an HIV/AIDS focal-point person who will take responsibility for full departmental participation in the design, development, and implementation of a department-specific policy and program. This will demonstrate clearly the concern about and commitment to managing the HIV/AIDS epidemic—at both a policy and program level. It clearly defines each department's position in

relation to issues such as voluntary disclosure, promotion, and access to staff benefits. It also allows each department the opportunity to explore how they can contribute to the developmental roots of this epidemic (see box at left).

The five focus areas of a comprehensive HIV/AIDS and STDs policy and program should include the following:

- *The socioeconomic determinants of HIV/AIDS.* In developing workplace-specific initiatives, the emphasis should be placed on the determinants of particular AIDS vulnerability. This would highlight issues such as migrancy, language issues, cultural belief systems, and single-sex hostels.
- *Prevention programs.* These should include awareness initiatives, education programs, condom distribution programs, universal precautions, risk-reduction initiatives, and STD management and control. Issues that should be included within an education workplace program are the transmission of HIV; STD treatment and diagnosis; safer sex messages; condoms; attitudes, myths, and misconceptions; legal and ethical issues; gender issues; human rights; and HIV/AIDS stigmatization.
- *Personnel issues.* Issues that need to be covered include job security for employees with HIV; confidentiality and disclosure; protection against discrimination; access to training, promotion, and benefits; and grievance procedures and performance management in the light of HIV. Policy decisions will need to ensure also that they reflect and refer to the applicable legal framework of each country.



■ *Wellness management programs.*

These should address issues such as diagnosis and treatment, counseling and support, and positive living messages and projects for those employees who are already HIV positive. It should also provide support initiatives to those directly affected by an HIV-positive diagnosis.

■ *Monitoring and evaluation strategy.*

This needs to be developed in conjunction with the policy and program development. This will reflect the importance of adapting the policy and program to reflect the prevailing HIV/AIDS environment, issues, and realities.

2 Form an interdepartmental committee on HIV/AIDS.

A committee of this nature will allow increased resource and expertise sharing across departments. The development of a collective national government department strategy will avoid duplication and enhance networking and joint capacity building. This also will facilitate the transfer of AIDS skills and the development of joint HIV/AIDS initiatives and programs. Examples of joint activities could include those on special "national calendar days" like World AIDS Day, Women's Day, etc. This also allows for a collective advocacy voice around particular issues of concern and HIV/AIDS policy adaptation.

3 Identify HIV/AIDS priority departments.

Developing a collective national government strategy necessitates the identification of departments that should be prioritized for HIV/AIDS involvement. The identification of these departments will reflect clearly the particular stage of the epidemic. In

countries with explosive epidemics, the priority departments frequently are health, education, welfare, labor, correctional services, local government, and finance.

The Corporate Sector

Because of the economic, human, and social impact that HIV is having on the corporate sector, it has been identified as a key multisectoral partner in developing an effective response. As honorary president of the Global Business Council on HIV/AIDS, international statesman Nelson Mandela said: "The vision which fueled our struggle for freedom, the deployment of resources, the unity and commitment to common goals—all these are needed if we are to bring AIDS under control. Future generations will judge us by the adequacy of our response" (World Economic Forum, Davos, Switzerland, 1996). Numerous studies have highlighted the significant costs that will be incurred because of HIV, and in advanced epidemics, many countries are losing around 3 percent of their employees to AIDS each year. The increasing cost of the epidemic is experienced within this sector in a variety of ways: increasing the costs of employee benefits such as insurance and medical care, raising the rates of absenteeism, and increasing the costs of additional training. Yet the corporate sector is best positioned to bridge the gap between the hard business concerns and the softer social issues. By increasing the understanding of their role in HIV/AIDS prevention and care, the corporate sector will be better placed—through the inclusion of HIV/AIDS activities and plans within their strategic plan-

FIVE KEY LESSONS LEARNED

National Government Departments

1. An HIV/AIDS emphasis needs to be incorporated into existing training and induction courses. In order to combat the public's weariness of AIDS issues, it is imperative that HIV education does not fall prey to its own stigmatization by being placed as an independent program. This also ensures that programs are sustained.
2. Workplace education programs achieve the best results if done in small groups with a strong peer educator emphasis.
3. The involvement of people living with HIV/AIDS in the conceptualization and design of education programs is a critical element of their sustained success, appropriateness, and flexibility.
4. Ownership and understanding of the particular workplace HIV/AIDS policy and program are enhanced through the formation of an "in-house" HIV/AIDS and STDs committee comprising all levels of workers (including trade union representatives).
5. An HIV/AIDS policy and program needs to be met with a dedicated HIV budget and personnel. Therefore, policies and realistic implementation strategies should be developed in tandem.



FIVE KEY LESSONS LEARNED

Corporate Sector

1. Target interventions. The inclusion of not only medical, occupational health, or human resource representatives within a business sector response needs to be a focus of any initiative.
2. Focus on success. The research of best practices regarding HIV/AIDS in companies is an excellent tool for promoting discussion and the sharing of practical initiatives that have worked.
3. Assume nothing. Design capacity-building exercises that are interactive and center on the impacts of AIDS on costs, turnover, profits, and balance sheets.
4. Make it happen. Through the formulation of clear guidelines and strategies for businesses around the pivotal issues of an HIV/AIDS and STDs policy and program, the corporate sector assumes greater ownership of the epidemic.
5. Involve people with HIV/AIDS. An excellent catalyst for moving beyond the figures and graphs is the active involvement of a corporate sector-based person living with HIV/AIDS. In this way the meaning of HIV becomes more apparent, more real.

ning—to mitigate the impacts of this epidemic within their sector. And beyond.

Initiatives to increase and strengthen the response of the corporate sector should focus on the following elements:

AIDS Update Issues: This should include a discussion of topical and relevant AIDS concerns (including a review of the current HIV/AIDS trends, treatment issues, vaccine development initiatives, workplace disclosure and readiness, notification, confidentiality, legal issues, etc.).

The Face of HIV: This includes involving a person from the corporate sector (i.e., someone who is an employee) who is HIV positive. This breaks many of the stereotypes about the particular corporate vulnerability to HIV as well as emphasizes the importance of developing a workplace policy and program for all levels of the corporate world. (A similar strategy should be followed in working with national government departments.)

The Economics of HIV: This includes not only discussions about the cumulative economic impact of HIV but focuses on successful strategies that the corporate world can initiate in order to mitigate some of these impacts. Special emphasis should be placed on addressing issues around access to employee benefits.

The Big Five: 1. Prevention. 2. Care and support. 3. The involvement of people living with HIV. 4. Impact mitigation initiatives. 5. Workplace policies and programs.

Encouraging the corporate sector to present preselected areas of success around one of the above-mentioned four themes enhances the discussion and identification of potential solutions around the pivotal HIV/AIDS issues facing the corporate environment.

Key Sector Responses

1. Form a national HIV/AIDS business council. A national business council will create a united front for all role-players in the economy through the formation of partnerships comprising business leaders from all industry sectors. Networking is strengthened through information and resource sharing, best practices, and cost-effective coping strategies in the workplace. This will facilitate additional research, impact assessments, and a strong human rights focus within sound management principles.

2. Form HIV/AIDS corporate sector forums. These local business networks should be constituted to facilitate private sector commitment to dealing with HIV/AIDS. Such forums recognize the responsibility of the private sector in dealing with issues related to the epidemic in the workplace, with the aim of reducing infection rates, removing social stigmatization, caring for the infected, and mitigating the impact of AIDS on the economy. As a loose network, regional corporate forums provide access to and involvement in a national council.

3. Awaken the advocacy potential of the corporate sector. The inclusion and capacity building of other businesses to ensure a cross-section of industries, sectors, and competencies within a local business



response will add to the advocacy potential of the national council. By developing a collective corporate advocacy strategy, the corporate sector is in a position of unique strength to effect changes within the AIDS environment. It is this potential that, to date, has been largely unexplored. Through increasing the capacity of the corporate sector and the understanding of their particular role, they can become agents of social change.

Developmental Nongovernmental Organizations (DNGOs)

The rapid progression of the HIV epidemic presents a major challenge to human development as the multiple and cumulative impacts of HIV/AIDS could offset recent gains toward sustainable development at a grassroots level. Through their direct links with the developmental roots of the epidemic, DNGOs are key partners in the fight against HIV/AIDS. They are positioned to implement and deliver at a community level—the very level at which the greatest impact of HIV/AIDS is being felt increasingly. This delivery could include issues such as income-generation projects, agriculture-based initiatives such as vegetable gardens to provide food for affected and infected communities, and literacy programs to increase the responsiveness to HIV/AIDS messages. It is through utilizing existing networks within communities and through directly addressing the social issues that fuel the spread of HIV/AIDS that DNGOs are able to play a pivotal role in confronting the epidemic. To make a reality of the assertion that HIV/AIDS is not an

exclusive health issue, emphasis needs to be placed on the internal capacity of grassroots organizations that do not have HIV/AIDS as their core area of work—but that are focusing on the developmental threads of the epidemic.

Key Sector Responses

1. *Make the natural link between HIV/AIDS and development.*

Exploring and unpacking the developmental links of HIV/AIDS is the starting point to the inclusion of HIV/AIDS initiatives within a DNGO sector response. Exposing HIV as relevant to current projects and in line with broader development and societal goals provides the impetus for the inclusion of HIV issues within core activities of existing DNGOs. These links must be reflected in organizational plans that incorporate HIV/AIDS issues, representing a natural progression for DNGO core functions to address their context—that of a growing epidemic. This could mean youth programs incorporating prevention activities, tuberculosis care programs expanding to include HIV home-based care components, or other development activities focused on mitigating the impacts of HIV/AIDS.

2. *Act on the link by plotting and planning for HIV.* Enhancing the capacity of DNGOs to formulate actively strategies that will incorporate an HIV/AIDS focus necessitates that broad skills are developed. These include strategic planning and implementation, proposal writing, monitoring and evaluation, report writing, and record-keeping skills. It is through the development of people that a strengthened and sustained response to the epidemic is activated.

FIVE KEY LESSONS LEARNED

Developmental Nongovernmental Organizations

1. The emphasis of developmental nongovernmental organization (DNGO) involvement needs to reflect the relationship between HIV/AIDS and issues such as poverty, inequality, gender, and human rights violations.
2. A process of needs-based capacity building supports the work of the DNGO sector to broaden their scope of work to include HIV/AIDS activities.
3. The formation of local area networks and partnerships to collaborate on specific projects makes for more effective and higher impact activities at the community level.
4. A catalyst that could spark the increased involvement of DNGOs is a seed grant funding mechanism. As a vehicle for providing financial and sustained technical support, this mechanism facilitates the meaningful incorporation of HIV/AIDS activities within existing programs.
5. This sectoral HIV/AIDS involvement initiative needs to be based on a process of sustained commitment without overburdening existing core activities.



FIVE KEY LESSONS LEARNED

Faith-Based Communities

1. Aspects of an effective faith-based response to HIV/AIDS must be owned, directed, and sustained by spiritual leaders.
2. Networking by spiritual leaders with other community structures—especially those involved in HIV/AIDS service delivery—is a critical element of their comprehensive and integrated response.
3. Enhancing the HIV/AIDS capacity of spiritual leaders can act as a catalyst for effecting change—at both a policy and program level.
4. The concept of care across the AIDS continuum should guide faith-based activities. Each faith-based community must seek to find its own place along this continuum of care within the specific ideology of its faith.
5. Sectoral structures should reflect the diverse faith-based characteristics of each community.

3. *Advocate and mobilize:*

A resource for tomorrow. Initiatives need to center on community development, mobilization, networking, and advocacy. Ensuring that DNGO HIV/AIDS projects are supported by inter-sectoral collaboration and partnerships with other community-based organizations and sectors of civil society enhances broader community participation in issues that directly affect their lives. For it is in the sharing of resources and expertise at a local level that the work of individual DNGOs is supported and sustained.

Faith-based Communities

The impact of the HIV/AIDS epidemic is affecting directly all communities, and a strengthened faith-based sector response has the potential to reap measurable results both in terms of providing care and reducing the prevailing stigma surrounding the epidemic. Being positioned firmly within and linked directly to both infected and affected communities affords faith-based communities the opportunity to tackle many of the intricate issues carried in the wake of HIV/AIDS. Faith-based communities exert a powerful influence on the priorities of society and the policies of national leadership. Specific initiatives related to HIV/AIDS prevention in this sector have been characterized largely by conflict surrounding approaches to sex, sexuality, and condom use. Matching the demands made by the HIV epidemic has necessitated a shift in the role that faith-based organizations play. In strengthening care and support strategies for infected and affected communities, they are posi-

tioned perfectly to respond within the dictates of their faith. "AIDS is not asking anything new of the religious community, rather AIDS is confronting us with the necessity of becoming more fully the kind of people we have been called to be" (AIDS Brief for Professionals: Religious Leaders, p. 1).

Key Sectoral Responses

1. *Find own place on the continuum of care.* Spiritual leaders need to confront issues of stigma and discrimination within infected and affected communities. Conveying appropriate messages and incorporating an HIV/AIDS component within their work facilitate the development of a supportive environment. Faith-based organizations, positioned as they are within the heart of each community, are able to seize the opportunity to fill the HIV/AIDS gaps that exist with regard to community care and support. Linking their current care activities with existing home and community-based care structures will mobilize a collective care response.

2. *Develop faith-based structures focusing on HIV/AIDS.* The formation of faith-based forums and networks to address HIV/AIDS issues is crucial to building a committed and coordinated sectoral response. Through confronting the key developmental issues that make individuals and communities particularly vulnerable to HIV infection, such structures can address the various individual and collective susceptibilities. Issues to address could include gender, poverty, unemployment, social stigma, and denial around HIV/AIDS, substance abuse, social disruption, and cultural practices.



3. Strengthen existing sectoral activities. Existing structures within faith-based organizations (e.g., women's groups, care networks, and youth groups) need to incorporate HIV/AIDS-specific programs. These structures are able to facilitate the increased involvement of community members in HIV/AIDS-focused activities. A special emphasis of these activities should aim to reduce the fear, discrimination, and inertia surrounding the epidemic.

The Trade Union Sector

The trade union sector, positioned at the interface between the economic and social realities of HIV/AIDS, represents the productive sector of society in both number and voice. Because unions have a long, proud tradition of campaigning for human rights, economic stability, security, and the dignity of their workers, their involvement in HIV/AIDS is a natural extension of this very purpose. The HIV/AIDS epidemic represents a serious threat to all the protection and gains that unions have fought so hard to secure, and their involvement is an integral part of a strong, cohesive, and collective multisectoral response. Strides toward creating a supportive working environment and a rights-based approach for those infected and affected by the epidemic form the basis of trade union activity.

Key Sectoral Responses

1. Form a unified HIV/AIDS trade union task team. As an issue, HIV has the potential to unite various trade union federations in addressing this collective struggle. Developing clear terms of reference, which each federation can support, will serve as the framework for a strengthened trade union response. Imperative functions of a task team will include the development and implementation of an employee-friendly workplace policy and program, an assessment of available resources, and access to training and skills development. This also will facilitate social and political acceptance and accountability to union members. Operating as a unified body also will solidify the nomination of a trade union representative on National HIV/AIDS Councils and structures.

2. Advocate and mobilize to build capacity for change. Representing the economically active sector of communities, trade unions are a strong voice in advocating for HIV/AIDS issues to be prioritized on the workplace agenda. Advocacy skills and campaigns are tools for the effective implementation of workplace programs and for addressing employee concerns. HIV/AIDS advocacy skills development focuses on the strategic steps involved in designing and implementing a successful advocacy campaign. These elements include identifying key policy issues, specifying target audiences, and developing and disseminating issue-relevant messages. Priority trade union issues include employment equity, employee benefits, access to treatment, stigma and discrimination reduction initiatives, and human and legal rights awareness. The united advocacy voice of the trade union

FIVE KEY LESSONS LEARNED

Trade Union Sector

1. Get strong. Building the capacity and the involvement of union members ensures that HIV/AIDS issues will be raised at all levels in the workplace. A capacity-building focus should include basic HIV/AIDS awareness, advocacy skills development, workplace policy development and program implementation skills, and AIDS within a legal framework.
2. Work together. Working in collaboration with other sectors—including management—is the key to successful HIV/AIDS strategies.
3. Be strategic. The HIV/AIDS issues facing the trade union sector are many. To achieve change, it is imperative that priority is given to issues affecting the majority of their members.
4. Monitor impact. Because of the sound membership record of the majority of trade unions, they can access and monitor easily the impact of their initiatives.
5. Reflect on institutional history. Because of their history of struggle, solidarity, and strength, the trade union sector has the institutional memory to intuitively act on issues that affect their members.



sector is a force that is increasingly making its presence felt—at national and regional levels.

3 *Work as one with workplace programs.* A key component to a comprehensive labor response is to establish structures and processes to support workers living with HIV/AIDS and to confront stigma and discrimination in the workplace. Trade unions, in partnership with employers, need to engage in preventive and support programs so that they may help to extend the productivity of those already infected and curb the development of new infections.

The Media

As actors in the process of reflecting changing social structures, norms, and values, the media have an instrumental role to play in the battle against HIV/AIDS. It is an undisputed fact that the international scale of the epidemic shapes the environment the media reflect. Yet it appears that the media, by and large, have not approached their response to HIV with a clear proactive strategy. And this "business as usual" approach results in ever-increasing feelings of fear, mistrust, and confusion. Rather than adding fuel to the fire, the media should ensure that their reporting—while accurately reflecting the AIDS debates, mishaps, and issues of the day—dispels myths, spreads hope, and increases public ownership and understanding of the complexities of HIV/AIDS. However, from the beginning of this epidemic, the AIDS media history has been riddled with sensationalism—from graphic pictures of people dying of AIDS to insensitive lan-

guage, from reporting on personal "cures" that have been discovered to paying lip service to those people living with HIV/AIDS. Because of the political nature of HIV, its headline-grabbing potential, and the possibility of heartfelt stories, reporting on HIV/AIDS necessitates an increased level of responsibility, sensitivity, and accuracy. Although the media have been actively involved in reporting on HIV/AIDS issues over the years, the challenge of today is to ensure that developmental HIV/AIDS coverage—by all reporters—is as comprehensive.

Key Sector Responses

1 *Form an editors' HIV/AIDS forum.* An editors' HIV/AIDS forum formally places HIV as a central issue within the media environment and commits the media to addressing pivotal issues such as stigmatization and the developmental concerns entwined in HIV. Commitment from the highest level is an integral part of ensuring that the media attention given to HIV is sensitive and accurate. It also collectively positions the media as HIV/AIDS advocacy watchdogs of the national response.

2 *Develop a media-specific HIV/AIDS strategy and policy.*

A comprehensive media strategy should cover the following three components:

- Mass communication role (including the editorial commitment to a sustained HIV/AIDS response and the commitment to covering HIV/AIDS issues on a sustained and not-only-issue-driven basis)



- Social responsibility initiatives (including school outreach programs and celebrity awareness drives)
- Workplace policy and programs (a similar strategy as was followed with the other sectors)

3. Monitor and evaluate the role of the media. Through the development of concrete indicators, the media will be able to prioritize the types of issues covered as well as manage the angle of AIDS reporting and the language used. In countries with high HIV prevalence rates, it is imperative that reporting on HIV includes reporting on issues facing the HIV positive community. This includes issues of disclosure and openness, treatment options, and holistic health.

Creative HIV/AIDS media initiatives could include a dedicated HIV/AIDS advocacy column—ideally written by a person living with HIV/AIDS—or a radio show that focuses on lifestyle issues for those infected and affected by HIV. Emphasis should focus also on building the capacity of all reporters to accurately and appropriately—in terms of language, content, imagery, and context—reflect the AIDS issues.

FIVE KEY LESSONS LEARNED

The Media

1. Start small. Identifying known HIV/AIDS media champions will act as a catalyst for involving all media representatives. This also encourages the collective media ownership of their role in this epidemic.
2. Involve people living with HIV/AIDS. Following the greater involvement of people with HIV/AIDS (GIPA) principle will increase the base of HIV-positive reporters. While promoting the involvement of those living with HIV/AIDS, it is imperative that this moves beyond tokenism and lip service.
3. Create working guidelines. Encourage the media to work with people living with HIV in a meaningful manner. Developing guidelines of a good working relationship between the media and people living with HIV will increase trust and understanding.
4. Network. This is an essential component of a sustained media response to HIV/AIDS, but it takes time and patience. The result will include fresh angles on HIV reporting.
5. Focus on the successes. The majority of HIV/AIDS reporting appears to focus on stories of "gloom and doom." Yet there are many stories of success that need to be told. Focusing on these will reduce stigma and spread hope.



References

The Joint United Nations Programme on HIV/AIDS (UNAIDS). *Report on the Global HIV/AIDS Epidemic, June 2000*. Geneva: UNAIDS, 2000.

Whiteside, A., commissioning editor. *AIDS Brief for Professionals*. Health Economics and HIV/AIDS Research Division, University of Natal, Durban, South Africa.

Relevant AIDS Brief titles include the following:

- ▶ Religious Leaders
- ▶ Development Personnel
- ▶ NGOs
- ▶ Media Personnel
- ▶ Civil Service
- ▶ Health Care Workers
- ▶ Social Sector



Resources

The following resource materials have been designed and developed in support of the multisectoral HIV/AIDS capacity-building program of the POLICY Project in South Africa.

1. National Government Departments

"Plotting and Planning": HIV/AIDS Monitoring and Evaluation Skills for an Interdepartmental Committee on HIV/AIDS

"Changes, Challenges and Chances": Enhancing HIV/AIDS Advocacy Skills for the Department of Education

"HIV/AIDS: Making the Connection at Work and Within": Understanding the Impacts of this Epidemic

"Towards Action and Answers": Enhancing HIV/AIDS Advocacy Skills for National Government Departments : Part I

"Making the Facts work for You": Building the Advocacy Skills for Effective HIV/AIDS Programmes: Part II "Perfect Presentations, Fabulous Facilitation and Terrific Training": A Manual of Action

2. The Corporate Sector

"Connection, Impacts and Challenges": HIV/AIDS and the Corporate Sector: An Interactive Guide

3. Developmental Nongovernmental Organizations

HIV/AIDS and You: "Exploring the Connection, the Impact and Your Priorities"

"Actions and Plans for Change": Strategic Planning and Proposal Writing Skills for Developmental Non-Governmental Organisations

"Are we on the right road?": Monitoring and Evaluation Skills for Developmental Non-Governmental Organisations

4. Faith-Based Communities

"Religion, Care and HIV": Exploring the Links, Unpacking the Potential and Delivering on Action: An Interactive Programme

5. The Trade Union Sector

"Workplace HIV/AIDS and STD Policy and Programmes – What are the elements?"

"Workers, Wellness and Willingness": Advocacy Skills for Enhancing the HIV/AIDS Involvement of the Trade Union Sector

6. The Media

"The Role and Responsibility of the Media": A discussion document

"Beyond the Red Ribbon": HIV/AIDS and the Media: Meeting the Challenge. A Presentation of Ideas

These resource materials can be obtained from
The POLICY Project
P.O. Box 3580
Cape Town, South Africa 8000
Telephone: +27 21 4620380
Fax: +27 21 4625313
E-mail: polproj@mweb.co.za
Website: <http://www.tfgi.com>

Other Resources

CASE (Community Agency for Social Enquiry). *Guidelines for Developing a Workplace Policy and Programme on HIV/AIDS and STDs*. South Africa: Department of Health, 1997.

Van Roey, Jens. *From Principle to Practise: Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA)*. Switzerland: UNAIDS Best Practise Series, 1999.

Internet Resources

The POLICY Project
<http://www.policyproject.com>

The FUTURES Group International
<http://www.tfgi.com>

The Joint United Nations Programme on HIV/AIDS (UNAIDS)
<http://www.unaids.org>

The World Bank, AIDS and Economics
<http://www.worldbank.org/aids-econ>

International AIDS Economics Network
<http://www.iaen.org>

Health Economics and HIV/AIDS
Research Division
University of Natal
Durban, South Africa
<http://www.und.ac.za/und/heard>

The Synergy Project
<http://www.synergyaids.com>

Contacts

For more information about political commitment, please contact:

Director
The POLICY Project
The Futures Group International
1050 17th Street NW, Suite 1000
Washington, DC 20036 U.S.A.
Telephone: (202) 775-9680
Fax: (202) 775-9694
E-mail: policyinfo@tfgi.com
Website: <http://www.policyproject.com>

South Africa Office

The POLICY Project
P.O. Box 3580
Cape Town, South Africa 8000
Telephone: +27 21 4620380
Fax: +27 21 4625313
E-mail: polproj@mweb.co.za
Website: <http://www.tfgi.com>



Funded by the USAID Bureau for Africa,
Office of Sustainable Development
through The POLICY Project,
Contract No. CCP-C-00-95-00023-04